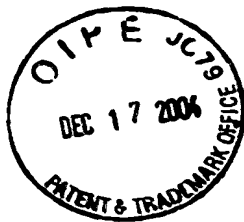


TELEPHONE (312) 258-5500



**SCHIFF, HARDIN LLP**

PATENT DEPARTMENT

6600 SEARS TOWER

233 SOUTH WACKER DRIVE

CHICAGO, ILLINOIS 60606

IN RE APPLICATION OF: Bocionek et al.

GROUP ART UNIT: 2179

SERIAL NO.: 09/994,184

EXAMINER: Sara M. Hanne

FILED: November 26, 2001

CONFIRMATION NO.: 9465

TITLE: "MEDICAL SYSTEM ARCHITECTURE WITH AN INTEGRATED RIS CLIENT ON THE CONSOLE COMPUTER OF A MODALITY"

**AMENDMENT "A"**

**MAIL STOP AMENDMENT**

Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

SIR:

Transmitted herewith is an amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	*11	MINUS	**20	X	( ) X 9.00 ( ) X 18.00	
INDEP. CLAIMS	*1	MINUS	3	X	( ) X 44.00 ( ) X 88.00	
Application amended to contain any multiple dependent claims not previously paid for.				( ) YES ( ) NO	( ) \$150.00 ( ) \$300.00 ONE TIME	
				TOTAL ADDITIONAL FEE FOR THIS AMENDMENT		\$0.00

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.

☒ Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated **July 15, 2004** for **two (2)** months so that the period for response is extended to **December 15, 2004**. A check in the amount of **\$450.00** is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 501519. A duplicate copy of this sheet is enclosed.

☒ A check in the amount of **\$ 450.00** is attached.

☐ A check for \$ \_\_\_\_\_ accompanying IDS under 37 CFR 1.97(c) is attached

☐ A check for \$ \_\_\_\_\_ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 501519. A duplicate of this sheet is enclosed.

When phoning re this application, please call (312) 258-5500.

SCHIFF, HARDIN LLP (Customer Number: 26574)

BY Steven H. Noll (28,982)

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on December 14, 2004

12/20/2004 LWONDIM1 00000044 09994184

01 FC:1252

450.00 OP

Steven H. Noll

NAME OF APPLICANT'S ATTORNEY

Steven H. Noll

SIGNATURE

December 14, 2004

DATE